

INFORMATION FOR THE EMPLOYMENT AGENCY OPERATOR

LICENSE: All persons who engage in the employment agency business for compensation must have a private employment agency license. Employment agency business includes furnishing information to persons seeking employment which enables or tends to enable the person to secure employment, furnishing information to employers seeking laborers or other help of any kind which enables or tends to enable the employer to secure such help and/or maintaining a register of persons seeking employment or work. A person will be considered to have engaged in the employment agency business regardless of whether that person conducts his business from a fixed location, on the streets or as a transient and whether or not the employment agency business constitutes the persons principal business or merely a sideline or an incident to another business.

EXEMPTIONS: (1) Employers who procure help for their own business; 2) temporary help services who do not have a liquidated damages clause in their employment contract; 3) any hiring hall operated by a bona fide labor union; 4) any theatrical or booking agent; 5) any private employment agent that only charges the employer for its services.

CLASSES OF LICENSES:

- | | |
|-----------|--|
| CLASS I | Applicant paid fee agencies who secures work in most occupations. |
| CLASS II | Modeling agencies. |
| CLASS III | Nurses registries. |
| CLASS IV | Other agencies whose activities are of a specialized nature which does not fall into the other classes of licensure or agencies whose placements are limited to specific areas of placements within other classes. |

Note: You may apply for more than one class of license. There is no additional cost for licensure based on the number of classes listed on your license.

DURATION OF LICENSE: Licenses are issued for a maximum one year time period. The normal license year is based on the state's fiscal year which extends from July 1st on one calendar year and ends on the following June 30th. New licenses issued within the license year expire on the following June 30th similar to licenses issued at the start of the license year.

LICENSE FEES: An agency's annual license fee is based on 1% of its gross receipts for the license year but no less than a minimum licensee fee of \$50.00 (which ever is greater) or a maximum license fee of \$300.00. Additionally, an employment agency is charged \$150.00 for each branch office the agency maintains in the same community.

EXAMINATION AND REQUIREMENTS: A public hearing is held on each application for a private employment agency license. At the hearing, the applicant must offer testimony concerning his character and the type of premises from which the agency is going to be operated. "Character" is defined as components of the applicant's ability to be an employment agent such as his moral character, education, business integrity, fiscal integrity, training and knowledge of the employment agency business, capability of staff and the extent the applicant will be engaged in the direct operation of the agency. "Premises" means the location of the business, the neighborhood, public access, lease, purchase of premises and other physical arrangements.

LICENSING AUTHORITY:

State of Wisconsin
Department of Workforce Development
Equal Rights Division
Labor Standards Bureau
P.O. Box 8928
Madison, WI 53708-8928
(608) 266-6860

Initial Application – Employment Agents License Pursuant to Section 105 Wisconsin Statutes

NOTICE REQUIRED UNDER Section 15.04(1)(m), Wisconsin Statutes. Authorization for this form is provided under Chapter 105 Wisconsin Statutes and Section DWD 277.02 of Wisconsin Administrative Code. Completion of this form is mandatory. This information is used for the purpose of processing your application and maintaining the division's records. Any false statements on this application shall result in the refusal of the application and license. Personal information you provide may be used for secondary purposes.

General Information

1. Name of applicant

2. Are you a

☐

Corporation

☐

Partnership

☐

Individual

If incorporated, when

Under what state

Federal Employer Identification Number

If Partnership, provide Federal Employer Identification Number

If Individual, provide Social Security Number

(Please attach certified statement as required under DWD 277.04(3))

3. Name of proposed agency

4. Address of proposed agency

5. Telephone number of proposed agency

6. Class of License

☐

Class I

Applicant paid fee agencies securing work for persons in the following types of positions: administrative, clerical, commercial, executive, professional, sales, technical, domestic, household employee, unskilled or untrained worker, industrial worker or mechanic.

☐

Class II

Modeling Agencies.

☐

Class III

Nurses Registry.

☐

Class IV

Other agencies whose activities are of a specified nature or limited to specific areas of activity or types of placement that do not fall under the other classes of license. (Attach explanation of specialty area.)

Note: You may apply for more than one class of license. There is no difference in cost whether you have one, two or more classes included on your license.

7. Name of person who will be in charge of agency

Street address

City

State

Zip Code

Telephone Number

8. Do you intend to operate under a franchise or affiliation:

☐

Yes

☐

No

If yes, with whom

(Please attach a copy of franchise or affiliation agreement to application)

9. Will the agency's business be conducted in connection with any other business?

☐

Yes

☐

No

If yes, state the nature and location of such business:

Personal History

10. Name of applicant

Street Address

City

State

Zip Code

Telephone Number

11. Applicants Date of Birth

Place of Birth

12. If foreign born, where?

How did you become a U.S. citizen?

13. How long have you been a resident of this state?

14. Have you ever been convicted of any violation of the law other than minor traffic violations?

☐ Yes ☐ No

If yes, approximate date

Name of Court

Nature of Offense

Disposition

Date

15. List memberships in professional, fraternal, social or technical associations:

Education And Training

16. Name and location of high school

Highest year completed

Graduated

☐ Yes ☐ No

Year diploma granted

17. List training beyond high school: (college, university, nursing, business college, or other schools attended).

18. Describe any education or training you have had which is not covered above, such as vocational school, correspondence courses, service schools, Give dates:

19. Are you currently licensed or registered as a member of some trade or profession:

☐ Yes ☐ No

If so, what trade or profession?

Previous Employment And References

20. Have you ever had a private employment agency license in this state or any other state?

☐ Yes ☐ No

If yes, provide name and address of agency

21. Has a license ever been revoked or denied you for such agency in any other state?

☐ Yes ☐ No

If yes, when and where?

22. Have you ever been employed by a private employment agency in this or any other state? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes, in what capacity?				
a. Name and address of agency where so employed				
b. Dates of Employment			Reason for leaving	
23. Give name and address of three persons who are residents of this state, who have known you for at least 5 years and who will make an affidavit regarding your moral character, business integrity, and responsibility. (not a relative.)				
Name			Address	
Name			Address	
Name			Address	
24. May we communicate with the persons names as references <input type="checkbox"/> Yes <input type="checkbox"/> No				
If not, name and explain the exceptions				
25. Start with your present or most recent job and cover the last 20 years: Describe any service in the Armed forces. Describe any self-employment. <u>Indicate any change in job title under the same employer as a separate position.</u> Account for all periods of unemployment. Be specific.				
Name of employer				
Street Address		City	State	Zip Code Telephone Number
Your title				
Reason for leaving				
Your duties				
Name reference				
Street Address		City	State	Zip Code Telephone Number
Total time employed	Full or part-time <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time		Beginning Month Year	Ending Month Year
Starting Monthly Salary			Ending Monthly Salary	
Use additional pages for additional employment data, including qualifying experience prior to 20 years ago				

Financial Information

26. Net worth

27. Bank or other credit reference

28. Other financial information

Conclusion

The following items must accompany application:

- (a) Surety Bond of \$5,000.
- (b) Minimum license fee of \$50.
- (c) Proposed contract and fee schedule.
- (d) Copy of franchise or affiliation agreement if applicable.
- (e) Copy of certified statement required under DWD 277.04(3) if license is to corporation.

I agree, in consideration of granting a license, that I will faithfully perform all duties and comply with the terms, provisions, and requirements of Chapter 105 and any and all regulations adopted by the Department of Workforce Development.

Signature of Applicant

Date Signed